

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09833922

FILING DATE

04-16-01

APPLICANT(S)

16 19 15 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
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TOTAL IND.	5		8		5	8
TOTAL DEP.	20		10		10	10
TOTAL CLAIMS	25				21	

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.		8		8		8
TOTAL DEP.		10		10		10
TOTAL CLAIMS	25			21		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy